

## Correspondence

### WHAT'S THE ANSWER?

To the Editor:—During the recent flu epidemic I had a family in which four persons were ill at one time.

Two nurses were engaged, one for a twelve-hour day shift and the other for a twelve-hour night shift.

The Nurses' Association's charges are \$5.00 a day for the first patient and \$2.00 additional for each additional patient, making \$11.00 per twelve-hour service, for each nurse, or \$22.00 for twenty-four hours.

If one nurse had been engaged for all four patients and she had worked for twenty-four hours, it would have been \$11.00 per day.

If the two nurses had been employed to care for two patients each and each nurse had been on duty for twenty-four hours, they would be entitled to \$7.00 a day each or \$14.00 for two nurses.

If four nurses had been employed for twenty-four hours each, each nurse would have been entitled to \$5.00 a day, or \$20.00 for the four.

To Summarize:

Nurses	Cases	Service	Per Day	Per Week
2	4	12-hr.	\$22.00	\$154.00
2	2	24-hr.	14.00	98.00
1	4	24-hr.	11.00	77.00
4	4	24-hr.	20.00	140.00

The father of the family, a contractor, states that I am at fault in that I did not engage them under the two-nurse two-case, 24-hour service plan and saved him \$56.00 per week.

Can the Nurses' Association supply me with the correct answer?

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### LICENSURE OF PHYSICIANS FROM MILITARY SERVICE.

Sacramento, Cal., January 24, 1919.

To the Editor:

Conforming with your recent request, arising from a statement which we are advised recently appeared in the American Medical Journal to the effect that officers of the Medical Corps were entitled to a certificate to practice medicine and surgery in the State of California on a record of their commission or honorable discharge, we beg to advise that Section 12 of the Medical Practice Act provides for the issuance of a certificate to a commissioned officer of the Medical Department of the Army, Navy or Public Health Service who is "honorably discharged or temporarily detached, or placed on the retired list without being discharged, or on active duty. . .," providing that the standard of the examination which preceded the issuance of the commission as above noted, was equal to the standard of the examination exacted of applicants for a written examination for a physicians and surgeons' certificate in the State of California on the same date.

You will note the proviso clause in Section 12 reads as follows:

"provided, that when it appears to the satisfaction of the board, that in the year in which the applicant was appointed or commissioned in the United States Army, Navy or Public Health Service, that the requirements of such service for such appointment or commission were in any degree or particular less than those which were required for the issuance of a similar certificate to practice in California at the date of such issuance, then the board in

its discretion may refuse to issue such certificate;"

Should the proviso clause of Section 12 result in the board denying an application based thereon, the applicant then has recourse to the provisions of Sections 9, 10 and 11, relating to the issuance of a certificate after a written examination, or said applicant has recourse to the provisions of Section 13, regulating the issuance of a Reciprocity Certificate.

The board is in receipt of a large number of requests for information based upon the article first mentioned as appearing in the American Medical Journal, and we believe that the facts set forth herein should be presented to the readers of your Journal, as well as the readers of the American Medical Journal, to whom we have forwarded a copy of this communication.

Yours very truly,

C. B. PINKHAM, M. D.,

Secretary-Treasurer, Board of Medical Examiners, State of California.

### WORKMEN'S COMPENSATION RED TAPE.

Visalia, Cal., February 12, 1919.

To the Editor:

In the February issue of your journal you invite the profession to send in their views concerning the relations and working of the Workmen's Compensation Insurance and Safety Act and the physician. As you say, "The Workman's Compensation IS and WILL BE." Amen! I am for it; it was a long step in the right direction when that particular act was created by our law makers, but may I voice a feeble protest regarding the real hardship and inconvenience needlessly forced upon the doctor by that act. I refer to the intricate method of reporting cases to the Industrial Accident Commission and to the numerous casualty insurance carriers.

If the Industrial Accident Commission and the many and various casualty insurance carriers WOULD or COULD BE FORCED to get together and adopt a uniform system for reporting the accident cases, then the task of the attending physician would be easy and simplified and there would not be so much dissension over the low fee schedule. At the present time every insurance carrier as well as the State Industrial Accident Commission have a different form and system for reporting the cases, and as a rule, they will not accept a report unless it is on their own form-blanks. Every blank has a different set of queries and the answers, if they can be obtained at all, cause the doctor no end of time and trouble.

As a small town country practitioner, here is an example of the red-tape task the doctor must perform for each and every accident case that enters his office. (I refer more particularly to the minor cases; the serious or major cases are so few in number in comparison with the minor cases.)

Example: Mechanic from local garage gets few particles of emery or steel dust in the conjunctiva. He rushes to his doctor and gets the foreign bodies removed from the eye. With the possible exception of infection, the case is finished as far as treatment is concerned—BUT—the doctor must look to the insurance company for his fee; he must also make out a report to the Industrial Accident Commission; he must find out any way that he can, the name of the casualty insurance carrier which the mechanic's employer has chosen to patronize. Nine times out of ten the mechanic does not know and very often the employer himself does not know the exact name or the address of the company, so the local insurance agent must be searched for and consulted. The doctor now finds that it is another company than those represented by the various blanks which fill his filing cabinet. He must write a letter to the company for the correct blanks and then answer the ques-